

**MULTIPLE DEPENDENT CLAIM
FEE CIRCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

10/518038

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		0		/		
4		0		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17		0		/		
18		0		/		
19		0		/		
20		0		/		
21		0		/		
22		0		/		
23		0		/		
24		0		/		
25		0		/		
26		0		/		
27		0		/		
28		0		/		
29	/		/			
30		/		/		
31		2		/		
32	/			/		
33		1	/			
34		1		/		
35		2		/		
36		0		/		
37		0		/		
38		0		/		
39		0		/		
40		1	/			
41		1		/		
42		0		/		
43	/			/		
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	42		36			
TOTAL CLAIMS	46		40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						